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## COMMERCIAL EXPLOITATION OF THE PUPIL NURSE<sup>1</sup>

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It is with much hesitancy that I have attempted to discuss before this association a subject of such vital importance to our profession—the commercial exploitation of the pupil nurse, as practiced by some of the hospitals of North Carolina. It is a custom almost as old as our training schools and one to which some hospitals have clung with amazing tenacity.

The establishment of the training school was done with the single idea of furnishing a training that would fit young women to care for the sick in hospitals more intelligently. Later on, when the students had become proficient, they would be given a certificate and sent out to care for the less fortunate sick in their homes. The length of the course given was one year, and the training consisted largely of bedside instruction, with no lectures or class work. The nursing was general in character.

A few years later, when the work was better known and the services of the nurse were beginning to be recognized as a valuable aid in regaining health, there came a demand for special nurses in the hospitals, and it became a custom to assign a pupil nurse to care for a patient. For this service the hospital charged an extra fee and appropriated the money to help meet its expenses, thereby making the pupil an asset of the hospital. At first, and in many hospitals, this practice did not go beyond the custom of service in the hospital, where they were under the constant supervision of their regular teachers, and worked under the usual methods and conditions. At this period the schools broadened the curriculum, and gave a few elementary lectures to their classes.

After a short time, some of the hospitals recognized that a neat profit could be derived from their pupil nurses, and decided to broaden their field of revenue so they added more nurses to the training schools and instituted the pernicious practice of sending them to care for cases outside of the hospital; the course was lengthened from one to two years, and an attendance at lectures was required only when the nurses were on duty in the hospitals.

<sup>1</sup> Read at the fifteenth annual convention of the North Carolina State Nurses' Association, May, 1917.

As the medical profession and laity learned the value of the trained nurse, there was a steady demand for her services. But aside from the income derived by the hospitals, the results were most unsatisfactory. There was a noticeable difference between the qualifications of the first graduates, who had had one year of training, and no lectures, but who had been carefully watched in their practical work and taught the correct way of doing things, and the graduates of the existing system, who were sent out with little or no preparation, and had to meet the many emergencies that arose with no experienced person to show them the methods that should be employed. It is small wonder that the results were an inefficient and incompetent graduate nurse.

Some of the hospitals saw where their trouble lay and realized that they could never hope to get the best results with their present system, that they would have to reorganize as schools with responsibilities to the pupils, the medical profession, and to the community. Out of such institutions as these, we have evolved our splendid training schools of today, but a large number of hospitals considered the education and training of their pupil nurses of minor importance where a profit was to be derived, and have continued the old system to the present day.

In the California hospitals this traffic in nurses, together with the long hours of work required, became a subject of general criticism, and three years ago the labor interests took the matter up, were instrumental in making the eight-hour law for women apply to pupil nurses, and prohibited schools from sending their pupils outside of the hospitals to attend cases. It is a humiliation to know that this corrupt practice was allowed to continue until labor organizations protested and legislated against it. We can reconcile ourselves to the conditions that existed in California, but what of our feelings when we realize that similar conditions exist in our own state today? What can we do to keep the labor organizations from having to come in and make the laws regulating our training schools?

We shall have to deal, first, with the hospitals having commercial training schools. These hospitals make the excuse that because of the large amount of charity work done by them, an expense is entailed which they are unable to meet if they are not allowed to send their pupils out to earn the money to pay their bills. These hospitals style themselves "church hospitals," a righteous cloak for an unholy practice, and yet it is sufficient to hide the true conditions from the eyes of our worthy legislators. If they would interest themselves to the extent of making an investigation of these same institutions.

they would find that the amount of charity work done, is lower than in many of the hospitals that are paying their own expenses, and are not dependent on the pupils for their support. They would probably find that the trouble lies in incompetent management, or that a large part of the hospital revenue is going to outside interests. When a hospital reaches the point where it can no longer be self-supporting and give its pupils a thorough training, it should no longer be allowed to have a training school.

Next we have to deal with the physician who employs the pupil nurse. He is an ally of our commercial hospitals and is guilty of a grave injustice, not only to the pupil, but to the medical profession, the laity, and the graduate nurse as well. He is an impediment to the best interests of the community and as such he should be removed to the French front first-aid lines, and there left to meditate on his past career.

Then we have the superintendents of these institutions, who willingly become party to this practice and never make a protest against the injustice of such a system. They, who were taught the higher aims and ideals of the profession, are not worthy the name and should be ostracised.

Last we have the laity, who are more sinned against than sinning; they are the unconscious victims of the hospitals, and if we examine closely into the matter we find that an almost complete ignorance of the situation is responsible for their apathy and indifference. When they are told that for \$18 or \$21 per week they can secure the services of a nurse, and save from \$4 to \$7, they accept the statement in good faith, and in most instances will accept the cheap nurse, never question her qualifications, and the chances are, they have been given a pupil nurse that has had only a few months' experience, and no training, one who is unable to meet the often grave responsibilities thrust upon her, while for a few dollars more they could have secured the services of a highly trained nurse, who had spent three years in the hospital learning how to care for the sick in the best and most scientific manner.

For the pupils we have only a great sympathy, and a desire to help them receive their just dues. They came into the work with high hopes and ambitions, only to find, after a few months, that they had made a grave error in their choice of training schools, that they are victims of a system of peonage, pure and simple. If they leave, they are refused admission to other hospitals on account of their previous training, so there is nothing left for them to do but continue until graduation and be handicapped throughout their nursing career

by the practices of a mercenary hospital, or else give up the work entirely.

Nursing has become a great profession, and we who are in it, and of it, should see that it stands the highest tests of criticism. To do this we must first raise the standard of the training schools, make them institutions of learning, and not places of peonage. Second, we should debar the unqualified nurse from practicing in the state, and enlighten would-be-applicants on the subject of requirements and the importance of choosing a school of high standing. Last, but by no means least, inform the laity of the sub-standard nurse and ask their coöperation in bringing about this much needed reform.

If the hospitals must use their pupil nurses for special cases, let it be done in the proper way, and always in the hospital under the eyes of the teachers, for a period not to exceed four months, better less, in their senior year, the proceeds to be spent on improvements for the training school or some other worthy cause. When we have done this, there will still be many things to be desired in the way of improvements, but we will have made a long stride toward putting the training schools on the proper basis.

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#### PATENT MEDICINE RAID ON CHINA

The National Tuberculosis Association is greatly concerned in the recent action of the United States Department of Commerce in recommending China to American patent medicine concerns as a good field in which to develop their interests. This is the attitude taken in the Department's Special Consular Report No. 76 by one branch of the United States Government, virtually placing itself on record as promoting the sale of patent medicines.

The National Association voices its criticism in these words:

*Resolved*, that the National Association for the Study and Prevention of Tuberculosis condemns such action on the part of the United States Department of Commerce, and that the Executive Secretary be instructed to forward a copy of this resolution to the Secretary of said Department, urging that hereafter the influence of the United States Government should not be used in support of the patent medicine business.

The enormity of this business is shown in the estimates made by the National Association. The annual income from patent medicines is placed at \$20,000,000; the profit at about \$10,000,000. The list of tuberculosis remedies includes more than five hundred specifics, so it is easy to understand that a large part of this sum must come from ignorant consumptives. Since all reliable medical authorities agree that there is no drug or specific cure for tuberculosis, this waste is most deplorable.

China has not yet recovered from the effects of the opium habit which was foisted upon it by Western civilization. While this people is still in the throes of reorganization upon a more intelligent and democratic basis, it is particularly undesirable to foist upon it this new evil.